## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # H06606 (8)								
	EK & WHITLEY, P.A.	• • •						
0						A TRACENTA MATA REFINE MESAN MATA MATAN META STATA MA	THE BIOLIC ACTOR OF	DE SECTIONS
Principal Plac	ce of Business	Mailing Address					III BLUL DIOLE VI	III RIBII HOOI
% LARRY V. WHITLEY % LARRY V. WHITLEY								
601 N. FERNCREEK AVE ORLANDO FL 32903 ORLANDO FL 32903						DO NOT WRITE IN THI	SPACE	
OHLANDO FI	_ 32803	ORLANDO FL 32803				3. Date Incorporated or Qualified	JOFACE	
						05/25/1984		
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number	Α	pplied For
21		26				59-2413239		lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			XXXIII X II	5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee F	Required
City & Sta	te	City & State				6. Election Campaign Financing		May Be
23	0	28		·····		Trust Fund Contribution		I to Fees
Zip	Country	Zip	Coun	ntry		8. This corporation owes or has paid the c		
24	9. Name and Address of Current		30			Personal Property Tax due June 30.  10. Name and Address of New Registered		□ No
38/1		Hegistered Agent		81 1	Name	IV. Name and Address of New Registers	ı Agein	
WHITLEY, LARRY V.								
601 N. FERNCREEK AVE ORLANDO FL 32803			18	82 3	Street Addre	ess (P.O. Box Number is Not Acceptable)		
ORLANDO FE 32003			1	83				
			-	84 (				
					City	F	<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
	Signature, typed or printed name of registered agen			Agent s	signature required	d when reinstating) DATE		
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECTO Change	RS IN 12 Addition
	SIMASEK, REGIS A.						Change	Addition
NAME STREET ADDRESS	A SA LINIOS LINIOS DE		•	1,2 NAME 1,3 STREET ADDRESS				
	WHATER DADY M							
CITY-ST-ZIP			1.4 CITY 2.1 TITL		up		Change	Addition
NAME	WHITLEY, LARRY V.		2.1 ME				C Orienda	L Addition
STREET ADORESS	529 ENDERBY RD		2.3 STR		npree			
CITY-ST-ZIP	CHULUOTA FL		2, 4 CIT					į
TITLE	01,020011112	DELETE	3.1 TITL		211		Change	Addition
NAME			3.2 NAM		,			
STREET ADDRESS			3.3 STRI		DRESS			
CITY-ST-ZIP			3.4. CIT					
TITLE		DELETE	4.1 TITL		<u></u>		☐ Change	Addition
NAME			4, 2 NAN	Mξ				
STREET ADDRESS			4.3 STR	EET ADI	DRESS			
CITY - ST - ZIP			4 4 CITY	<u>′-ST-</u> Z	3P			
TITLE		☐ DELETE	5.1 TITLE	E			Change	Addition
NAME			5.2 NAM	(E				Į
STREET ADDRESS			5.3 STRE	EET ADE	DRESS			į
CITY-ST-ZIP		······································	5.4 CITY		IP .			<u> </u>
TITLE		☐ DELETE	6.1 TITLE	E			Change	Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

1-5.98

407-894-5050

**FILED** 

Jan 27 1998 8:00am

Secretary of State